



Volunteer Application

Today's Date _____

Name (First, Middle, Last)		Date of Birth	Telephone
Address (Street, City, State, ZIP Code)			County
Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	
Other names (maiden name, ect)	Organization Represented (if applicable)	Driver's License #/ State Issued	
Other affiliation with St. PJ's			

Volunteer Experience

Organization:	Responsibilities:	Last known contact:
What volunteer areas interest you? <input type="checkbox"/> Mentor <input type="checkbox"/> Tutor <input type="checkbox"/> Children's Activities <input type="checkbox"/> Maintenance <input type="checkbox"/> Special Events <input type="checkbox"/> Coaching <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Donation Organization <input type="checkbox"/> Thrift Store <input type="checkbox"/> Events <input type="checkbox"/> Other If other please specify: _____		

*** FOR TUTORS ONLY ***

Education

Are you currently attending school? _____	Languages spoken: _____
Highest level of education completed? _____	_____

Employment History

Presently Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Military <input type="checkbox"/>	Not Employed <input type="checkbox"/>
Present/Last Employer _____	Fr (mo/yr) _____	To (mo/yr) _____	
Address _____			
Occupation _____			
Prior Employment Company: _____			
Occupation: _____			

Emergency Contact Information

Name	Relationship	Telephone #
Address		

****Please attach a copy of your driver's license and social security card****



Volunteer Agreement

St.Peters-St.Joseph Children's Home volunteer application includes completion of a one hour volunteer information session. During this session volunteers will learn about the agency requirements, and guidelines and opportunities will be explained. A tour of the campus will be given, and a short, mandatory presentation on sexual misconduct will be required.

All questions and concerns about St.PJ's volunteer process may be addressed to:

Laura Verette
Volunteer Services Coordinator/Children's Activity Co-Coordinator
(210) 531-8525
lverette@stpjhome.org

I understand and agree to the above information.

Printed Name

Signature

Date

References

Please provide three personal references.

- Only one reference can be from a relative
- At least one reference must be from someone other than a friend or co-worker (i.e., minister, teacher, employer, etc.)

Name:

Relationship :

Contact Information:

PARENTAL / GUARDIAN PERMISSION (if under 18 years old)

I agree to allow my son/daughter, _____ (name), to participate as a volunteer at St. PJ's Children's Home. I understand that he/she will need to be supervised by a parent or guardian when volunteering. I understand that I will be contacted in case of emergency or misconduct on behalf of my child.

Printed Name: _____

Date: _____

Signature: _____

*****Please attach a copy of your driver's license and social security card*****



Confidentiality Policy for Volunteers

Volunteers will not discuss with or release **ANY** information or photographs regarding the children at St. PJ's Children's Home to **ANYONE** outside of the organization. This includes, but is not limited to, the name, physical description, family history, story of abuse, or medical problems of any child at St. PJ's Children's Home.

The very fact a child is cared for at St. PJ's Children's Home must be kept confidential. This means employees, consultants, volunteers, interns, etc. shall not disclose any information about a person, including the fact that the person is at St. PJ's Children's Home, to anyone outside the organization.

Printed Name

Signature

Date

Abuse/Neglect Responsibility Statement

As a volunteer of St. PJ's Children's Home, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-5400 and to the volunteer coordinator. In accordance with state law, St. PJ's Children's Home reports information about abuse or neglect of children to the proper authorities.

Printed Name

Signature

Date

Contractor Affidavit Regarding Civil and Criminal History

1. Have you ever been convicted of a felony or a misdemeanor? ___Yes ___No
If yes, give details including date, place, nature of conviction and disposition.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? ___Yes ___No
If yes, give details, including the type of charge.

3. Have you ever been or are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? ___Yes ___No
If yes give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame.

I hereby declare the information provided in this statement is true and correct. I also agree to inform St. PJ's if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am ever investigated for offenses as described in item 3 of this section. I acknowledge that background checks are required prior to volunteering and every two years in order to continue volunteer and authorize St. PJ's Children's Home to perform the required background checks.

Printed Name

Signature

Date

Drug Policy

A prospective volunteer's consent to submit to random drug testing is required as a condition of acceptance. A prospective volunteer's refusal to consent to a drug test will result in denial of their request to volunteer. If a volunteer refuses to consent to a drug test, they will no longer be allowed to volunteer.

The use, possession, sale, transfer, purchase, or being under the influence of drugs by volunteers at any time while on St. PJ's Children's Home premises or while on St. PJ's Children's Home business is prohibited. Volunteers must not report for duty or be on St. PJ's Children's Home property while under the influence of drugs, or have any drug in their possession while on St. PJ's Children's Home property. For the purposes of this policy, the term "drug", wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs. A volunteer who is tested because there is "good cause to believe the volunteer may be abusing drugs," will not be allowed to volunteer until the receipt of written test results and further inquiries that may be required.

Testing positive to drugs, alcohol or controlled substances or refusing to submit to such tests could result in immediate termination of volunteer status.

Any volunteer or prospective volunteer who believes their results are erroneous, may contact the laboratory for verification of the results.

TB Skin Testing

Effective January 1, 2007, all persons over the age of one year old who live, work or volunteer at St. PJ's Children's Home must be screened for tuberculosis as recommended by the Center for Disease Control (CDC). A copy of medical documentation of results of TB screening, chest radiograph, and/or treatment (if treatment is required) must be maintained in the person's file at the site where the person lives, works or volunteers.

ALL volunteers may provide a copy of a negative TB test conducted in the last 12 months. If you have not had a TB skin test conducted in the last 12 months, St. PJ's will provide an authorization form to have a test done at a specified lab at no cost to you. This authorization will be issued after your application is submitted and the background check is completed.

I have read and understand the above policies.

Printed Name

Signature

Date

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name St Peter-St Joseph Children's Home		Operation Number 320/817874	Telephone No. (A/C) (210) 533-1203
Operation Address (Street, City, ZIP) 919 Mission Rd		Operation Mailing Address (City & Zip) San Antonio, TX 78210	County Bexar

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by looking at the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.	
_____ Signature of Director, Owner, or Operator	_____ Date

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person's social security card and/or driver license; and return all required background check request forms to your local licensing office. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. If a new person is being hired you must submit the request **TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS** after the person is hired or is present in the operation. Requests for background checks may be submitted by mail or through the TDFPS Internet at the following address: http://www.dfps.state.tx.us/Child_Care/Information_for_Child_Care_Professionals. If you are submitting your request through the Internet please **DO NOT** submit this form to your licensing office. If you are not submitting your request through the Internet the background check request form must be submitted to **YOUR LOCAL LICENSING OFFICE**. Additional copies of this form may be obtained on the DFPS web site. For each person listed on this form or submitted through the Internet, a \$2 fee must be paid. A Form 2988-A, Child Care Fee Schedule, along with the fee(s), must be submitted to: **TDFPS, Accounting Division E-672, P.O. Box 149030, Austin, TX 78714-9030.**

Failure to submit fee payments can result in adverse action including suspension or revocation.

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Country	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name

DFPS Use Only	Worker Name--Last, first		Mail Code	District	Operation No	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Checked	Date FBI Card Submitted		

**** Attach a copy of your driver's license and social security card ****

THE ARCHDIOCESE OF SAN ANTONIO



Human Resources Office
2718 West Woodlawn Avenue
San Antonio, Texas 78228-5195
Phone: (210) 734-2620 Fax: (210) 734-1919

CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

Name: _____
 First Middle Last

Other names used: _____

Current address: _____
 Street City State Zip

List every city and state you have lived in the past 10 years:

Daytime phone #: _____ Other phone #: _____

Driver's license #: _____ State: _____ Date of birth: _____

Name of Parish or Agency: St Peter-St Joseph Children's Home

Volunteer Position or Job Title *with St Peter-St Joseph Children's Home* :

FOR OFFICE USE ONLY:

This individual is clear of criminal records _____

This individual is not clear of criminal records _____

Comments:

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) YES NO

If you answered "YES", please attach a separate piece of paper giving full details of the event.

Please read the following paragraphs carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Services and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____

Date: _____

Revised 6/24/2008

**** Attach a copy of your driver's license and social security card ****